

Blue Water Federal Credit Union Request for Certificate of Deposit Special

Primary Member Information:

Date	Account #	Name (First, MI, Last)	Social Security Number	
Term:				
Rate:	%			
Opening Dep	osit Instructions for (CD:		
Amount: \$		(\$1,000 minimum)		
Check Encl	osed (if not transferred from)	BWFCU account)	t: Suffix:	
Dividend Pay	ment: Dividends wil	l be paid into your regular share account.		
Additional (Owners Named On Co	ertificate So	Social Security #	
	ORIGINAL CE	RTIFICATE IS REQUIRED FOR SURRENI	DER OF PAYMENT	
	One Owner Sign	ature for Withdrawal All Owners Signa	tures for Withdrawal	
Beneficiary(ie	s)			
Security Num to backup with	ber and (2) that \hat{I} am no	ies of perjury, I certify (1) that the number show ot subject to backup withholding either because I a failure to report all interest or dividends, or the ckup withholding.**	I have not been notified that I am subject	
	the language in (2) if the the language in the language in the second second second second second second second	ne Internal Revenue Service has notified you that on.)	t you are subject to backup withholding	

Member Signature _____

Upon receipt of this form and your check or transfer instructions, the Credit Union will open your Certificate of Deposit and your account disclosure documents will be mailed to you.

CREDIT UNION USE ONLY						
Received by:	Date:	Processed by:	Date:	Cert. #		